

ENTRY BLANK**14-1****DO NOT DETACH**

PLEASE TYPE OR PRINT

 Ms. Mr. Artist**Barbara Bruck**

(Last Name Last)

Permanent
Address**2904 Scarborough Rd. Clue. Hts**

Street

City

44118

Daytime Tel.

216 321-5034

Zip

Area Code

or 991-5248Temporary or
Studio Address

Street

City

Daytime Tel. ()

Zip

Area Code

If you do not presently live in one of the counties of the
Western Reserve, in which county were you born? _____

Collaborator _____

(If Any)

If May Show entries are not accepted or not sold:

 Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist at artist's expense
to this address:**Special Instructions**When necessary include below instructions or a drawing of how
the object is to be assembled and displayed.This Entry Blank must be fully made out and signed. Unsigned
Entry Blanks will not be accepted.Note carefully calendar for delivery and return of objects. It is
understood that the Museum will have the right to dispose for
its own account any objects not called for by the dates listed.It is also understood that accepted objects will remain on
exhibition until July 21, 1985.The submission of objects will be construed as an acceptance
by the artist of all terms and conditions printed in the
Entry Information.Signature **Barbara M. Bruck****DO NOT DETACH**

ENTRY BLANKS

1

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

Materials

Title

Maya

Price or **NFS**

Insurance Value

if NFS Only

Size

11 x 14 framed

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
UnframedPrice of
Frame

ACCEPTED

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

REJECTED

2

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

DETACH

Materials

gel silk print

Title

untitled Barbara Bruce

Price or **NFS**

Insurance Value

If NFS Only

Size

\$185.00

11 x 14

Framed

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
UnframedPrice of
Frame

ACCEPTED

DO NOT WRITE IN
THIS SECTION

ACCEPTED

RECEIVED

REJECTED

REJECTED

DATE

36(3)

5/7

1985 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

Barbara Bruck

Name

2904 Scarborough Rd.

Address

Cleveland Hts, Ohio 44118

City & State

Zip

NOTIFICATION #2**DO NOT
DETACH****1**

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

Title

Maya

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

X

2

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

Title

Untitled

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

36 (3)

X

RETURN OF OBJECTS:

REJECTED: JUNE 4-8

ACCEPTED: JULY 29-AUGUST 3

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed

This is your only receipt to claim your object(s).